



US009050014B2

(12) **United States Patent**  
**Zhang**

(10) **Patent No.:** **US 9,050,014 B2**  
(45) **Date of Patent:** **Jun. 9, 2015**

(54) **SYSTEM FOR CARDIAC ARRHYTHMIA  
DETECTION AND CHARACTERIZATION**

(56) **References Cited**

U.S. PATENT DOCUMENTS

(71) Applicant: **Siemens Medical Solutions USA, Inc.**,  
Malvern, PA (US)

4,974,162 A 11/1990 Siegel et al.

5,054,496 A 10/1991 Wen et al.

5,199,438 A 4/1993 Pearlman

5,211,179 A 5/1993 Haberl et al.

5,411,031 A \* 5/1995 Yomtov ..... 600/519

5,513,644 A 5/1996 McClure et al.

5,609,158 A 3/1997 Chan

5,682,900 A 11/1997 Arand et al.

(\*) Notice: Subject to any disclaimer, the term of this  
patent is extended or adjusted under 35  
U.S.C. 154(b) by 204 days.

(Continued)

OTHER PUBLICATIONS

(21) Appl. No.: **13/626,930**

Stuart E. Sheifer, MD, et al., "Unrecognized Myocardial Infarction",  
Annals of Internal Medicine, Nov. 6, 2001, vol. 135, Issue 9, pp.  
801-811.

(22) Filed: **Sep. 26, 2012**

(Continued)

(65) **Prior Publication Data**

US 2013/0158422 A1 Jun. 20, 2013

*Primary Examiner* — Niketa Patel

*Assistant Examiner* — William Levicky

**Related U.S. Application Data**

(60) Provisional application No. 61/570,321, filed on Dec.  
14, 2011.

(51) **Int. Cl.**

**A61B 5/0468** (2006.01)

**A61B 5/0464** (2006.01)

**A61B 5/0452** (2006.01)

**A61B 5/044** (2006.01)

(52) **U.S. Cl.**

CPC ..... **A61B 5/0468** (2013.01); **A61B 5/0452**  
(2013.01); **A61B 5/044** (2013.01); **A61B 5/0464**  
(2013.01)

(58) **Field of Classification Search**

CPC .... A61B 5/044; A61B 5/0468; A61B 5/0464;  
A61B 5/0452

USPC ..... 600/516, 521

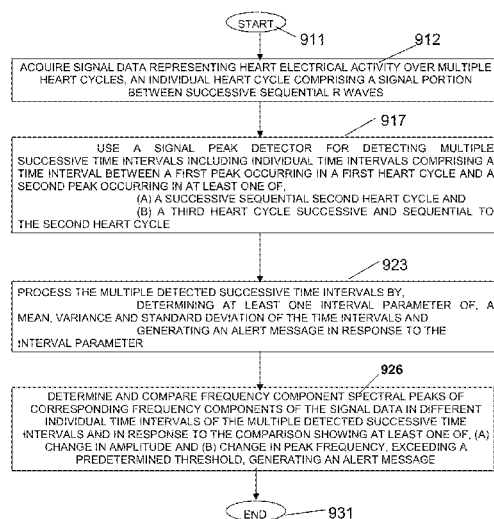
See application file for complete search history.

(57)

**ABSTRACT**

A system for analyzing cardiac electrophysiological signals includes an acquisition processor for acquiring signal data representing heart electrical activity over multiple heart cycles. An individual heart cycle comprises a signal portion between successive sequential R waves. A time interval detector uses a signal peak detector for detecting multiple successive time intervals including individual time intervals comprising a time interval between a first peak occurring in a first heart cycle and a second peak occurring in at least one of, (a) a successive sequential second heart cycle and (b) a third heart cycle successive and sequential to the second heart cycle. A data processor processes the multiple detected successive time intervals by, determining at least one interval parameter of, a mean, variance and standard deviation of the time intervals and generating an alert message in response to the interval parameter.

**18 Claims, 10 Drawing Sheets**



(56)

**References Cited**

## U.S. PATENT DOCUMENTS

5,817,027	A	10/1998	Arand et al.	
5,846,263	A	12/1998	Peterson et al.	
6,192,273	B1	2/2001	Igel et al.	
6,421,554	B1 *	7/2002	Lee et al.	600/509
6,577,894	B2 *	6/2003	Callahan et al.	600/516
6,589,188	B1 *	7/2003	Street et al.	600/538
6,615,083	B2 *	9/2003	Kupper	607/25
6,622,042	B1	9/2003	Thacker	
6,773,397	B2	8/2004	Kelly	
6,904,314	B1 *	6/2005	Brewer et al.	607/7
7,123,954	B2	10/2006	Narayan et al.	
7,225,015	B1	5/2007	Min et al.	
7,269,454	B2	9/2007	Sherman	
7,474,916	B2	1/2009	Gutierrez	
7,542,800	B2	6/2009	Libbus et al.	
7,727,157	B2 *	6/2010	Sharrock	600/495
7,764,997	B2	7/2010	Chen et al.	
2004/0243192	A1 *	12/2004	Hepp et al.	607/17
2006/0025824	A1 *	2/2006	Freeman et al.	607/5
2008/0097537	A1 *	4/2008	Duann et al.	607/14
2009/0275849	A1 *	11/2009	Stewart	600/518
2009/0281441	A1 *	11/2009	Zhang et al.	600/516
2011/0098766	A1 *	4/2011	Gunderson	607/14

## OTHER PUBLICATIONS

S. Abboud, et al., "Detection of transient myocardial ischemia by computer analysis of standard and signal-averaged high-frequency

electrocardiograms in patients undergoing percutaneous transluminal coronary angioplasty", *Circulation*, vol. 76, 585-596.

Hamilton, Patrick S., et al., "Quantitative Investigation of QRS Detection Rules Using the MIT/BIH Arrhythmia Database", *IEEE Transactions on Biomedical Engineering*, issue date Dec. 1986, vol. BME-33, issue 12, pp. 1157-1165.

Huiskamp, G., Van Oosterom, A., "The depolarization sequence of the human heart surface computed from measured body surface potentials", *IEEE Transactions on Biomedical Engineering*, vol. 35, issue 12, publication year 1998, pp. 1047-1058.

Greensite, F. Huiskamp G., "An improved method for estimating epicardial potentials from the body surface", *IEEE Transactions on Biomedical Engineering*, vol. 45, issue 1, publication year 1998, pp. 98-104.

Huiskamp G., "Simulation of depolarization in a membrane equations-based model of the anisotropic ventricle", *IEEE Transactions on Biomedical Engineering*, vol. 45, issue 7, publication year 1998, pp. 847-855.

Laguana, P., et al., "Low-pass differentiators for biological signals with known spectra: application to ECG signal processing", *IEEE Transactions on Biomedical Engineering*, vol. 37, issue 4, publication year 1990, pp. 420-425.

Olivier Meste, et al., "Ventricular late potentials characterization in time-frequency domain by means of a wavelet transform", *IEEE Transactions on Biomedical engineering*, vol. 41, No. 7, Jul. 1994, p. 625.

\* cited by examiner

Figure 1

10

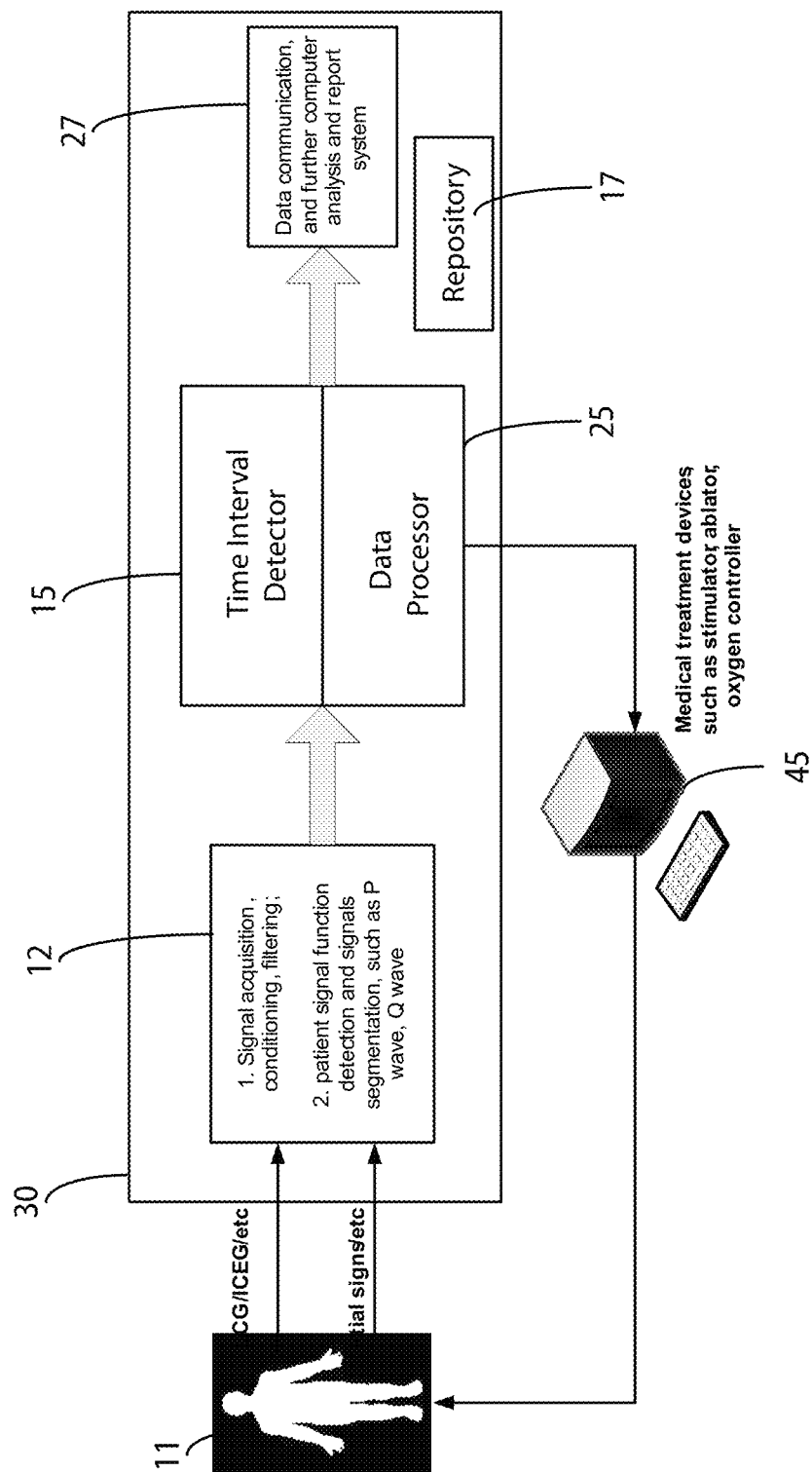


FIGURE 2

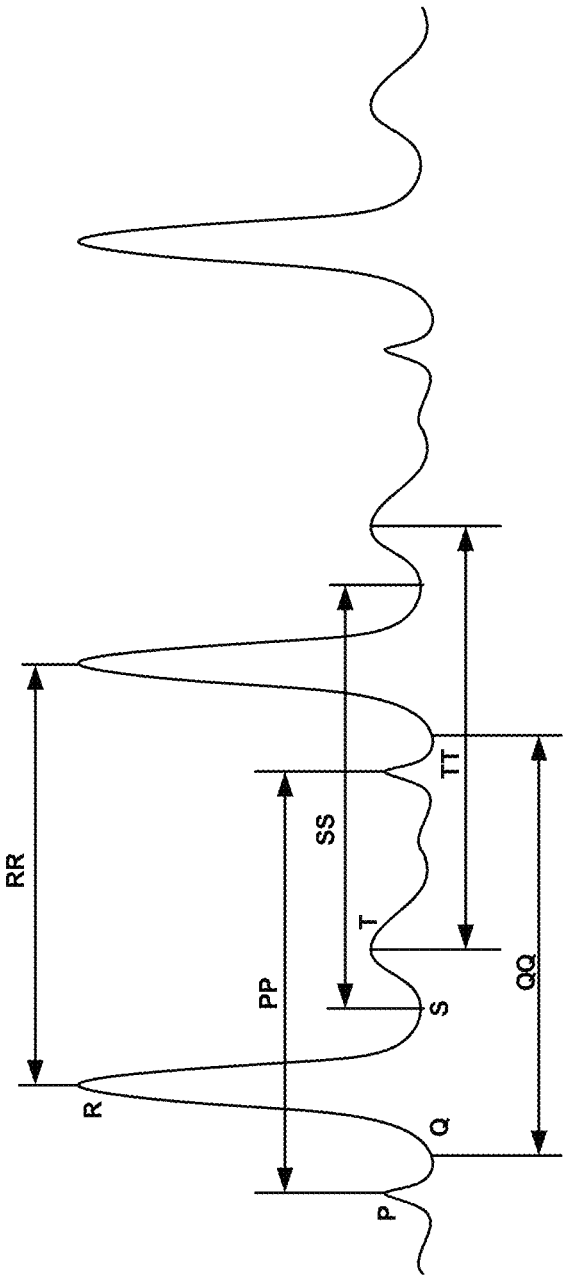


FIGURE 3

303 defined parameter	306 calculation and derived parameter (average value, variance, standard deviation, parameter dispersity, parameter variation)	309 Electrophysiological functions
PP synchronization time	$mean(T_{PP})$ $Var(T_{PP})$ $STD(T_{PP})$ $MAX(T_{PP})/STD(T_{PP})$ $mean(T_{PP})/Var(T_{PP})$	These PP synchronization timing parameter and calculation parameters describe the atrial depolarization interval changes and variation range which facilitate atrial function mapping and diagnosis
QQ synchronization time	$mean(T_{QQ})$ $Var(T_{QQ})$ $STD(T_{QQ})$ $MAX(T_{QQ})/STD(T_{QQ})$ $mean(T_{QQ})/Var(T_{QQ})$	These QQ synchronization timing parameter and calculation parameters describe the ventricular electrophysiological onset timing changes and variation range which facilitate atrial to ventricular transition function mapping and diagnosis
RR synchronization time	$mean(T_{RR})$ $Var(T_{RR})$ $STD(T_{RR})$ $MAX(T_{RR})/STD(T_{RR})$ $mean(T_{RR})/Var(T_{RR})$	These RR synchronization timing parameter and calculation parameters describe the ventricular depolarization interval changes and variation range which facilitate ventricular function mapping and diagnosis
SS synchronization time	$mean(T_{SS})$ $Var(T_{SS})$ $STD(T_{SS})$ $MAX(T_{SS})/STD(T_{SS})$ $mean(T_{SS})/Var(T_{SS})$	These SS synchronization timing parameter and calculation parameters describe the end timing changes of ventricular depolarization and variation range which facilitate ventricular function mapping and diagnosis
TT synchronization time	$mean(T_{TT})$	These TT synchronization timing parameter and

FIGURE 4

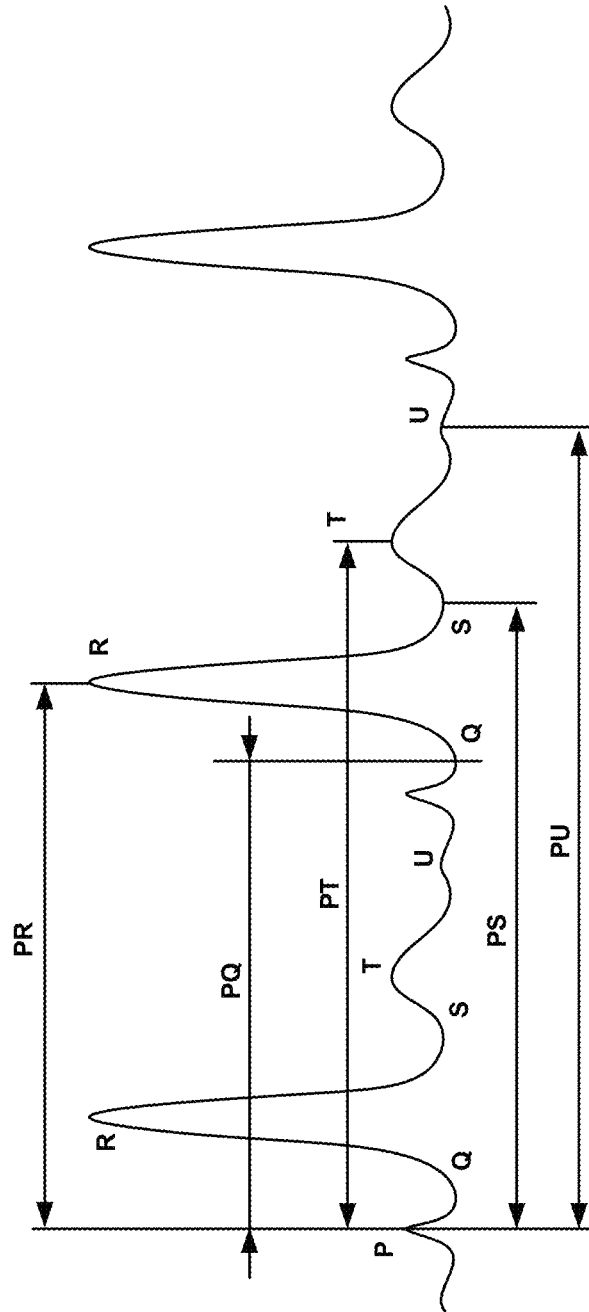


Figure 5

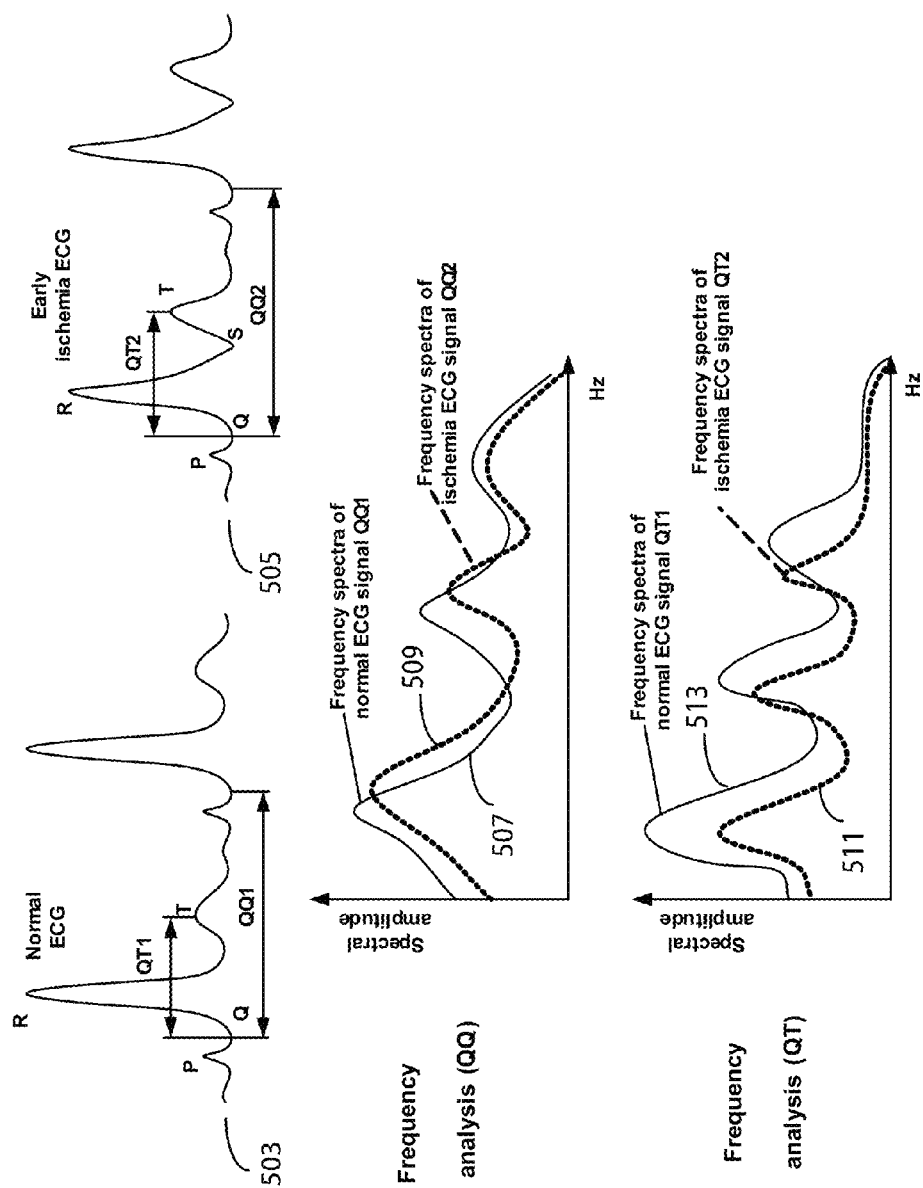


FIGURE 6

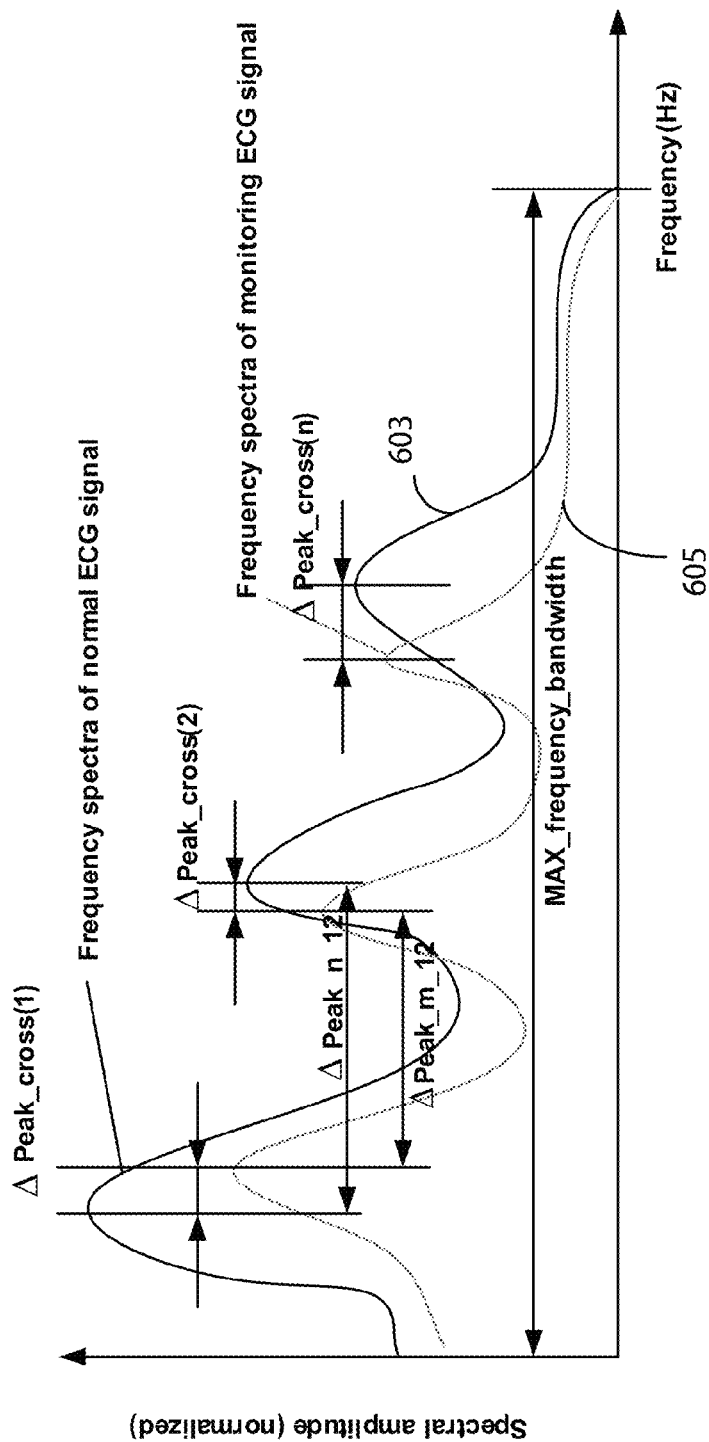




Figure 7

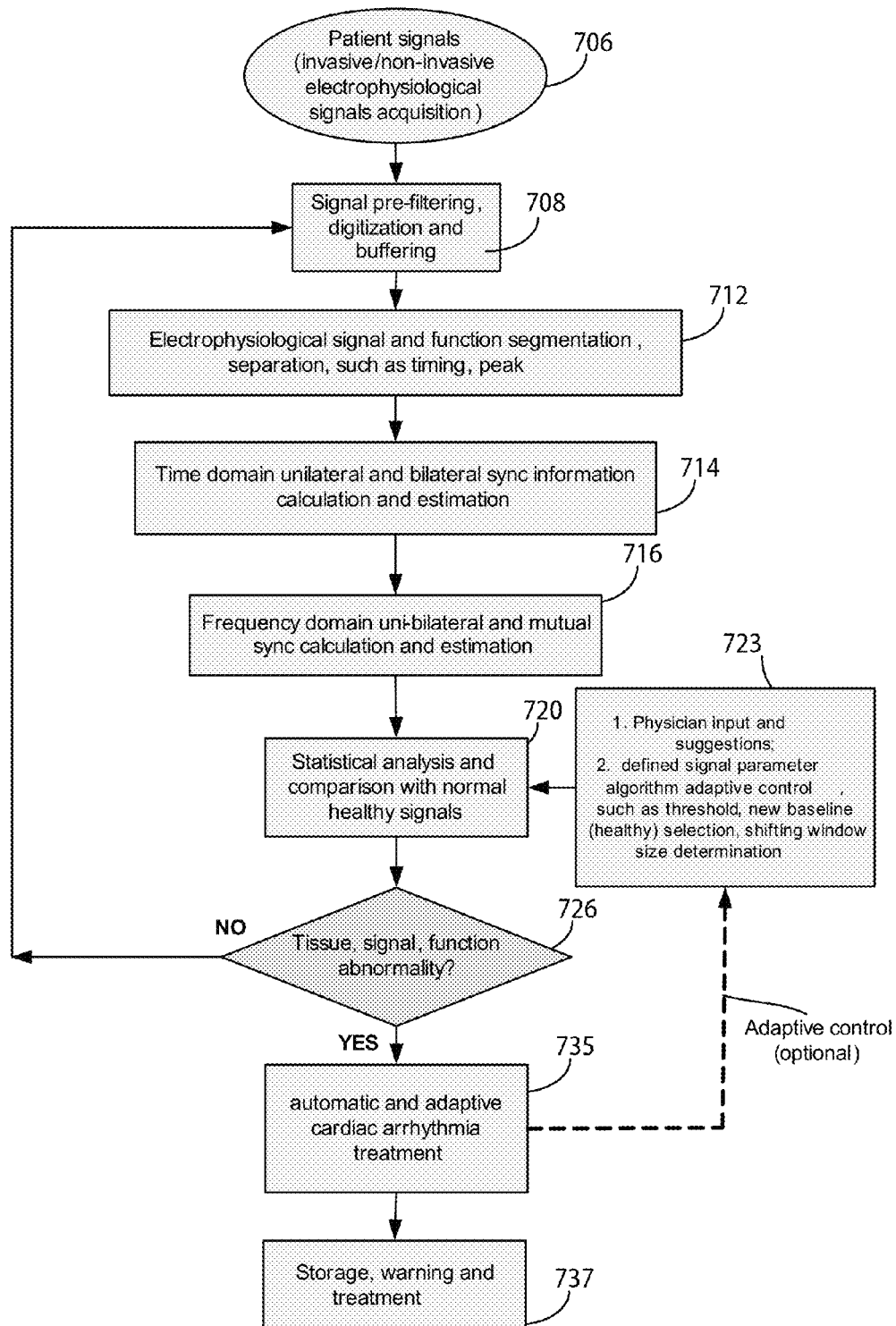
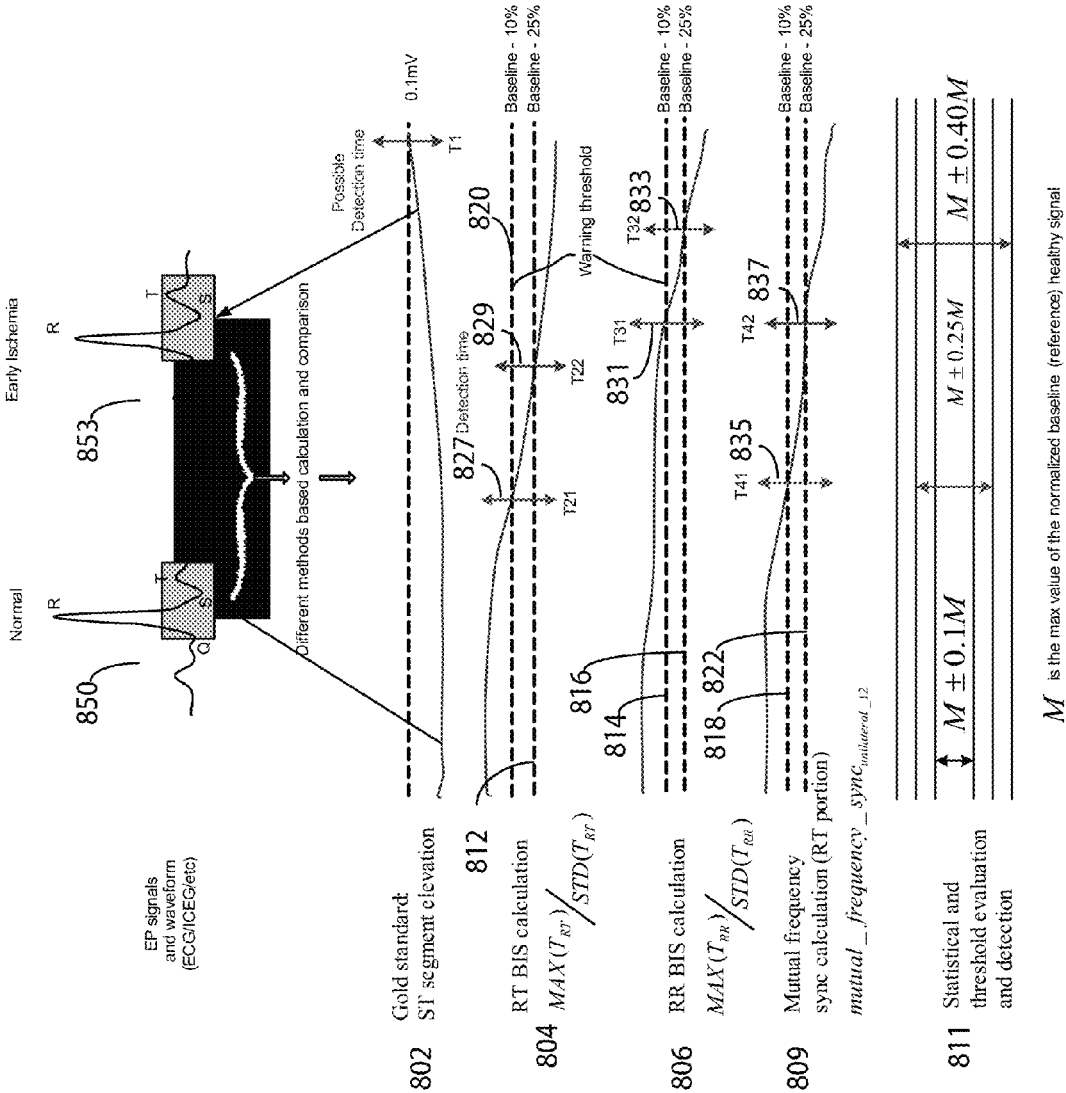


FIGURE 8



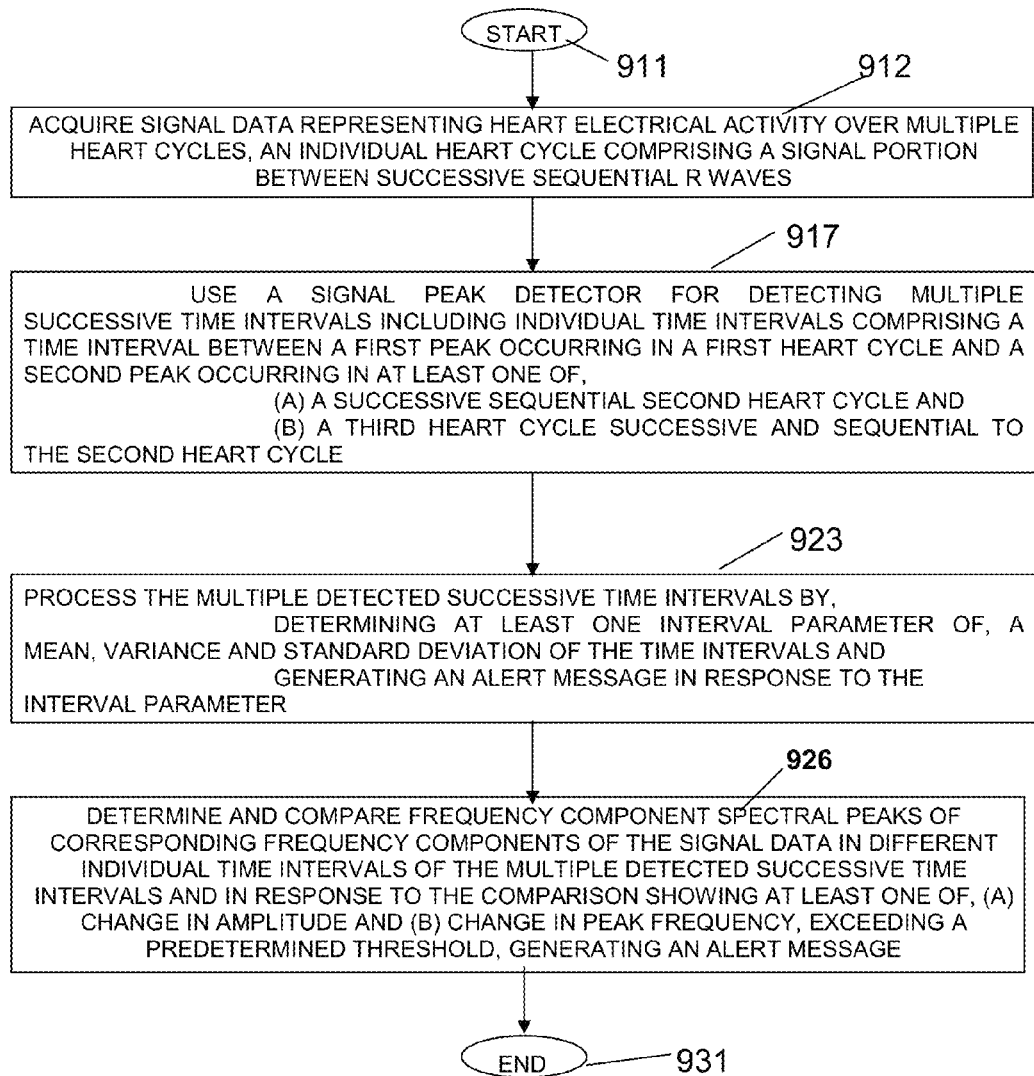


FIGURE 9

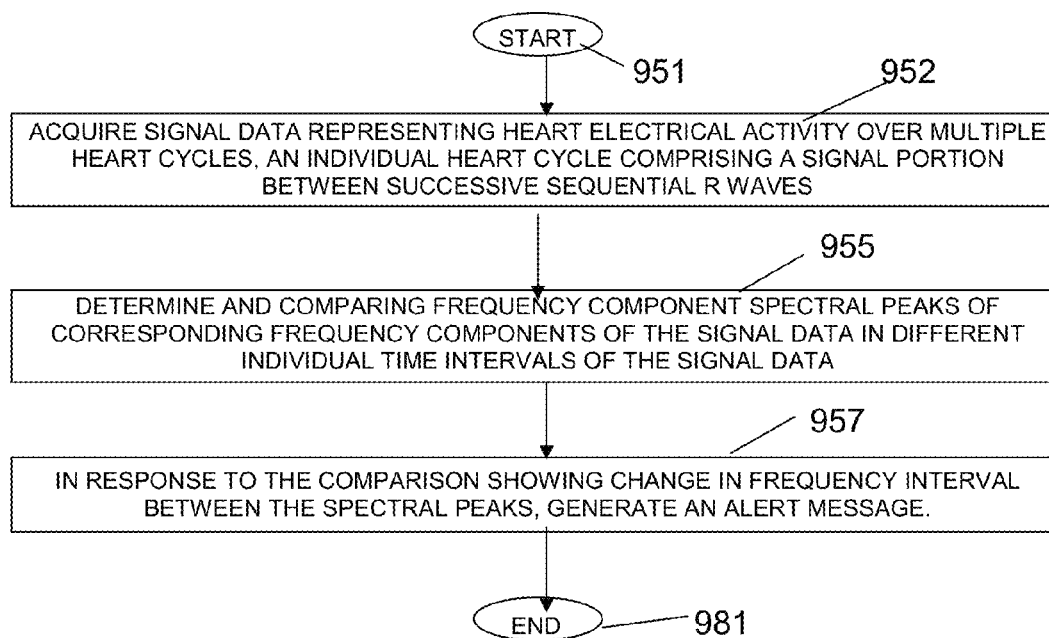


FIGURE 10

1

## SYSTEM FOR CARDIAC ARRHYTHMIA DETECTION AND CHARACTERIZATION

This is a non-provisional application of provisional appli-  
cation Ser. No. 61/570,321 filed Dec. 14, 2011, by H. Zhang.

### FIELD OF THE INVENTION

This invention concerns a system for analyzing cardiac  
electrophysiological signals by analyzing detected succes-  
sive time intervals between peaks in successive heart cycles.

### BACKGROUND OF THE INVENTION

Early cardiac arrhythmia detection and characterization,  
such as of atrial fibrillation, myocardial ischemia/infarction,  
and ventricle tachycardia, is desirable for rhythm manage-  
ment of cardiac disorders and irregularities. However, known  
systems typically fail to detect and provide a quantitative  
visualization of small ECG signal morphology and latency  
changes. In addition, known systems for cardiac arrhythmia  
identification and analysis based on ECG signals are subjec-  
tive and need extensive expertise and clinical experience for  
accurate interpretation and appropriate cardiac rhythm man-  
agement.

A 12-lead electrocardiogram (ECG) and multi-channel  
intra-cardiac electrogram (ICEG) are diagnostic reference  
standards used for evaluating cardiac rhythm and events and  
detecting Coronary Artery Disease (CAD). Cardiac arrhyth-  
mia analysis including of atrial fibrillation (AF), myocardial  
ischemia (MI), ventricular tachycardia/fibrillation (VT/VF),  
is used, for the management of cardiac disorders. Analysis  
involves ECG signal waveform and associated time domain  
parameter examination for cardiac arrhythmia detection and  
characterization involving P wave, QRS complex, ST seg-  
ment and T wave analysis. However, known waveform and  
parameter analysis is often subjective and time-consuming,  
and requires extensive expertise and clinical experience for  
accurate interpretation and proper cardiac rhythm manage-  
ment. Known analysis systems typically fail to localize occur-  
rence time and trend of cardiac events, such as of occurrence  
of arrhythmia.

Early cardiac atrial arrhythmia and pathology recognition  
is desirable for rhythm management of cardiac disorders and  
irregularities. Known waveform morphology and time  
domain parameter analysis typically focuses on electrophysi-  
ological wave changes which may fail to provide early detec-  
tion and characterization of cardiac function pathologies  
which are usually small in an early stage. Known cardiac  
arrhythmia analysis is typically based on time domain param-  
eters (such as signal amplitude, time intervals) including  
parameters of an electrophysiological signal from a single  
chamber associated with a P wave for atrial fibrillation and a  
QRS wave for ventricular arrhythmias. Known cardiac  
arrhythmia (such as fibrillation) analysis methods lack reli-  
ability, especially in a noisy environment since atrial activi-  
ties may be buried in noise and artifacts. A system according  
to invention principles addresses these deficiencies and  
related problems.

### SUMMARY OF THE INVENTION

A system analyzes and characterizes cardiac electrophysi-  
ological signals (including surface ECG signals and intra-  
cardiac electrograms) to identify pathology related distortion  
based on different types of information including timing,  
frequency, electrophysiological activity information

2

acquired by synchronization and visualization. A system for  
analyzing cardiac electrophysiological signals includes an  
acquisition processor for acquiring signal data representing  
heart electrical activity over multiple heart cycles. An indi-  
vidual heart cycle comprises a signal portion between suc-  
cessive sequential R waves. A time interval detector uses a  
signal peak detector for detecting multiple successive time  
intervals including individual time intervals comprising a  
time interval between a first peak occurring in a first heart  
cycle and a second peak occurring in at least one of, (a) a  
successive sequential second heart cycle and (b) a third heart  
cycle successive and sequential to the second heart cycle. A  
data processor processes the multiple detected successive  
time intervals by, determining at least one interval parameter  
of, a mean, variance and standard deviation of the time inter-  
vals and generating an alert message in response to the inter-  
val parameter.

### BRIEF DESCRIPTION OF THE DRAWING

FIG. 1 shows a system for analyzing cardiac electrophysi-  
ological signals, according to invention principles.

FIG. 2 shows time intervals between a first peak occurring  
in a first heart cycle and a second peak occurring in a succes-  
sive sequential different heart cycle, according to invention  
principles.

FIG. 3 shows a Table identifying statistical parameters  
derived from defined time intervals and associated electro-  
physiological functions, according to invention principles.

FIG. 4 shows time intervals between a first peak of a first  
ECG wave type occurring in a first heart cycle and a second  
peak of a different second ECG wave type occurring in a  
successive sequential different heart cycle, according to  
invention principles.

FIG. 5 illustrates frequency spectral analysis of time inter-  
vals between a first peak occurring in a first heart cycle and a  
second peak occurring in a successive sequential different  
heart cycle, according to invention principles.

FIG. 6 shows healthy and pathological spectral frequency  
distributions of a portion of an ECG signal showing fre-  
quency peak variation used to detect pathology, according to  
invention principles.

FIG. 7 shows a flowchart of a method for patient electro-  
physiological parameter calculation and cardiac arrhythmia  
detection and characterization, according to invention prin-  
ciples.

FIG. 8 illustrates myocardial infarction detection, accord-  
ing to invention principles.

FIG. 9 shows a flowchart of a process used for analyzing  
cardiac electrophysiological signals, according to invention  
principles.

FIG. 10 shows a flowchart of a process used for frequency  
analysis of cardiac electrophysiological signals, according to  
invention principles.

### DETAILED DESCRIPTION OF THE INVENTION

A system analyzes and characterizes cardiac electrophysi-  
ological signals (including surface ECG signals and intra-  
cardiac electrograms) to identify pathology related signal  
distortion based on signal portion interval timing and fre-  
quency, analysis. The system analyzes and monitors atrial and  
ventricular signal portion time interval and frequency associ-  
ated parameters and performs statistical evaluation of these  
parameters, including variation and variability calculation to  
determine an accurate time, location and severity of cardiac  
pathology and events.

Cardiac abnormalities and pathological symptoms are often slowly emerging. Some cardiac arrhythmias are non-symptomatic and usually last a period of time before abnormal electrophysiological signal changes are exhibited (in an ECG and ICEG signal), such as ST segment elevation for more than 0.1 mV indicating ischemia. In addition, different kinds of cardiac diseases may affect different parts of cardiac tissue, such as atrial fibrillation distortion a P wave, myocardial ischemia distortion of an ST segment level. A system analyzes a cardiac electrophysiological signal portion interval, between corresponding cycle points of the same type, that spans multiple sequential heart cycles. The system also analyzes a cardiac electrophysiological signal portion interval, between different cycle points, that spans multiple sequential heart cycles. Thereby the system identifies pathology related signal distortion based on signal portion time interval and frequency, analysis. The system analyzes and monitors atrial and ventricular signal portion interval time and frequency associated parameters and performs statistical evaluation of these parameters, including variation and variability to determine an accurate time, location and severity of cardiac pathology and events. The system detects events occurring between different cardiac chambers, tissues, signal segments, function components and timing phases. In most cardiac arrhythmia cases, pathologies and arrhythmias are exhibited by signal fluctuation and distortion. For example, usually there is a period of time (seconds to hours) with cardiac signal and electrophysiological activity variability before occurrence of a life threatening event. Hence rapid analysis of cardiac signals and response within a limited time portion is desirable for diagnosis and detection.

The system quantitatively identifies cardiac disorders, differentiates cardiac arrhythmias, characterizes pathological severity, predicts life-threatening events, and is usable in evaluating effects of drug administration. The system compares multiple waveform signal portions and performs data analysis for cardiac arrhythmia detection, including between atrial and ventricular response signals, or between different portions of cardiac signals. The system uses electrophysiological energy, excitation and activity of signal portions between atrial chamber and ventricular chamber response waveforms or for intervening tissue portions.

FIG. 1 shows system 10 for analyzing cardiac electrophysiological signals for automatic warning and treatment by analyzing a cardiac trophysiological electrophysiological signal portion interval, between the same or different cycle points, that spans multiple sequential heart cycles. System 10 comprises at least one processing device 30 (such as a computer, server, controller, microprocessor, phone, notebook) for controlling a medical treatment device 45 such as an ablation device or oxygen unit. Device 30 includes acquisition processor 12, time interval detector 15, data processor 25, repository (database) 17 and output processor 27. Different portions of ECG and ICEG signals (such as PT, QT portions) are acquired by at least one processing device 30. Specifically, acquisition processor 12 acquires signal data representing heart electrical activity over multiple heart cycles from patient 11. An individual heart cycle comprises a signal portion between successive sequential R waves. Processor 12 filters, buffers and conditions the acquired signals and detects P, Q, R, S, T, U wave segments of heart cycles and end-of-diastolic (EoD) and end-of-systolic (EoS) points.

The P wave, Q wave, R wave, S wave, T wave, U wave portions and points of the received ECG signal are identified by detecting peaks within the received ECG data using a known peak detector and by segmenting the ECG signal into windows where the waves are expected and by identifying the

peaks within the windows. The start point of a wave, for example, is identified by a variety of known different methods. In one method a wave start point comprises where the signal crosses a baseline of the signal (in a predetermined wave window, for example). Alternatively, a wave start point may comprise a peak or valley of signal. The baseline of the signal may comprise a zero voltage line if a static (DC) voltage signal component is filtered out from the signal. The signal processor time interval detector 15 determines time duration between the signal peaks and valleys. The time detector uses a clock counter for counting a clock between the peak and valley points and the counting is initiated and terminated in response to the detected peak and valley characteristics. Time interval detector 15 uses a signal peak detector for detecting multiple successive time intervals including individual time intervals comprising a time interval between a first peak occurring in a first heart cycle and a second peak occurring in at least one of, (a) a successive sequential second heart cycle and (b) a third heart cycle successive and sequential to the second heart cycle.

Data processor 25 processes the multiple detected successive time intervals by, determining at least one interval parameter of, a mean, variance and standard deviation of the time intervals and generates an alert message in response to the interval parameter. Output processor 27 communicates the alert message and associated data to a destination for further processing and recording and storage in repository 17. System 10 facilitates earlier detection and characterization of a cardiac arrhythmia event, severity, location and its timing within a heart cycle. This helps to automatically and adaptively adjust treatment, such as energy, duration, frequency of a stimulator, pacemaker or ablation device.

FIG. 2 shows time intervals between a first peak occurring in a first heart cycle and a corresponding second peak of the same type occurring in a successive sequential different heart cycle. Parameters determined by system 10 including PP, QQ, RR, SS and TT intervals are shown in three heart cycles of a surface ECG signal. System 10 (FIG. 1) analyzes a cardiac electrophysiological signal portion interval, between corresponding cycle points of the same type, that spans multiple sequential heart cycles which may be within the same time episode or at different time episodes, for the same cardiac function module (such as QRS complex timing), and/or same chamber (atrial or ventricular), and/or segment (such as an ST segment), to determine parameters and detect cardiac impairment. The determined parameters also include calculated statistical parameters including a dispersity parameter and mean, standard deviation and variance parameters. Cardiac electrophysiological excitation (for pacing) is initiated from a right atrial chamber, and conducts to other portions of atrial tissue and reaches a ventricular chamber and tissue. Different portions of tissue exhibit function abnormality in atrial and ventricular chambers and may distort synchronization and cardiac timing between atrial to atrial, ventricular to ventricular, and atrial to ventricular electrophysiological activities. System 10 advantageously derives parameters based on different timing and intervals spanning different numbers of heart cycles for different segments of heart tissue.

FIG. 3 shows a Table identifying statistical parameters indicated in column 306 derived from PP, QQ, RR, SS and TT time intervals identified in column 303 and associated electrophysiological functions described in column 309. A time window for a statistical parameter calculation is adaptively selected by system 10 (or a user) in response to a determined noise level and type of clinical application. Usually a 5-10 heart beat window is selected. In column 306 mean(●) rep-

5

resents the mean or average value of the parameter in a selected window;  $\text{Var}(\bullet)$  is calculated using,

$$\sum_{x_i \in \text{selected\_time\_window}} (x_i - \text{mean}(x_i))^2,$$

where  $x_i$  is the data series of the value inside a time window; standard deviation is the square root of  $\text{Var}(\bullet)$ . A dispersity parameter comprises a ratio between maximum value of the data series in the time window and standard deviation. A variation parameter comprises a ratio between a mean value  $\text{mean}(\bullet)$  and variance  $\text{Var}(\bullet)$ . In other embodiments other time intervals are used such as between U waves or between onset of P waves, over multiple heart cycles, for example, in order to detect cardiac function changes and variation. The FIG. 3 parameters are used in cardiac function tracking of the same portion of cardiac tissue, such as a region of a heart chamber to determine change from heart cycle to heart cycle. However, the parameters may not be able to track electrophysiological signal conduction variation and changes within a single heart cycle.

FIG. 4 shows time intervals between a first peak of a first ECG wave type occurring in a first heart cycle and a second peak of a different second ECG wave type occurring in a successive sequential different heart cycle. The time intervals are from an atrial P wave to other electrophysiological signal waveform points. Parameters determined by system 10, including PQ, PR, PS, PT and PU intervals are shown in three heart cycles of a surface ECG signal. In other embodiments, additional different intervals are analyzed including, QR, QT, QU and SU intervals and from onset of atrial depolarization to onset of ventricular repolarization. System 10 (FIG. 1) analyzes a cardiac electrophysiological signal portion interval, between different types of heart cycle points, that spans multiple sequential heart cycles. The time intervals analyzed may be within the same time episode or different time episodes, for the same cardiac function module (such as QRS complex timing), and/or same chamber (atrial or ventricular), to determine parameters and detect cardiac impairment. The system identifies pathology related signal distortion based on signal portion time interval and frequency, analysis. System 10 advantageously uses time intervals between different points of different ECG heart cycles to track timing variation, function and conduction transitions, and chamber activity by comparing different time intervals.

System 10 adaptively selects parameters for calculation in response to type of pathology to be detected, e.g. arrhythmia, myocardial infarction. The calculated parameters that may be calculated include the following.

Averaging timing interval value:  $\text{mean}(T_{PS})$

Time interval variance parameter:  $\text{Var}(T_{PS})$

Time interval standard deviation parameter:  $\text{STD}(T_{PS})$

Time interval dispersity parameter:  $\text{MAX}(T_{PS})/\text{STD}(T_{PS})$

Time interval variation parameter:  $\text{mean}(T_{PS})/\text{Var}(T_{PS})$

In response to a user determined diagnostic function being performed, parameters are used for multiple interval type adaptive analysis as follows.

Multiple interval type average parameter:

$$\text{Mean}(multi) = \sum_{i \in \text{ROI\_heart\_signal}} \text{mean}(T_i)$$

Multiple interval type variance parameter:

$$\text{Var}(multi) = \sum_{i \in \text{ROI\_heart\_signal}} \text{Var}(T_i)$$

6

Multiple interval standard deviation parameter:

$$\text{STD}(multi) = \sum_{i \in \text{ROI\_heart\_signal}} \text{STD}(T_i)$$

Multiple interval type dispersity parameter:

$$\text{Dispersity}(multi) = \sum_{i \in \text{ROI\_heart\_signal}} \frac{\text{MAX}(T_i)}{\text{STD}(T_i)}$$

Multiple interval type variation parameter:

$$\text{Variation}(multi) = \sum_{i \in \text{ROI\_heart\_signal}} \frac{\text{mean}(T_i)}{\text{Var}(T_i)}$$

System 10 uses different statistical analyses, such as t test and sequential probability test to improve sensitivity and reliability of time interval based cardiac arrhythmia detection. In other embodiments, other parameters are used for heart function analysis and comparison, including frequency spectrum and energy pattern analysis.

FIG. 5 illustrates frequency spectral analysis of time intervals between a first peak occurring in a first heart cycle and a second peak occurring in a successive sequential different heart cycle. System 10 (FIG. 1) detects and characterizes small changes (usually morphology changes in the time domain waveform are small, especially in an early stage of a heart condition) by using calculated time interval frequency spectral energy parameters. ECG signal portion waveform 503 shows a normal healthy heart beat cycle and ECG signal portion waveform 505 shows an early ischemia heart cycle. Waveforms 503 and 505 indicate QQ and QT signal portions selected for ventricle chamber based pathology diagnosis using frequency and energy analysis. System 10 derives frequency spectra distribution curves 507, 509 comprising normalized amplitude versus frequency (Hz) for the QQ time interval signal portion for the normal and ischemia signals, respectively. System 10 also derives frequency spectra distribution curves 511, 513 comprising normalized amplitude versus frequency (Hz) for the QT time interval signal portion for the normal and ischemia signals, respectively.

System 10 analyzes different signal portions in an ECG signal by determining frequency and energy data associated with the portions. A physician or a patient monitoring device adaptively selects a portion (such as a PT, PR portion, for example) of an ECG signal in response to type of clinical application (such as a ventricular diagnosis). In the simulation of FIG. 5, QQ and QT portions are selected for ventricular function detection and characterization using frequency spectral analysis. The frequency and energy parameters are defined as follows.

Unilateral\_energy\_sync\_signal\_portion =

$$\frac{\int_{x \in \text{ROI\_bandwidth\_of\_the\_unilateral\_signal}} |f(x)|_{\text{monitoring\_signal\_portion}}^2}{\int_{x \in \text{ROI\_bandwidth\_of\_the\_unilateral\_signal}} |f(x)|_{\text{healthy\_signal\_portion}}^2}$$

Bilateral\_energy\_sync\_signal\_portion =

$$\frac{\int_{x \in \text{ROI\_bandwidth\_of\_the\_bilateral\_signal}} |f(x)|_{\text{monitoring\_signal\_portion}}^2}{\int_{x \in \text{ROI\_bandwidth\_of\_the\_bilateral\_signal}} |f(x)|_{\text{healthy\_signal\_portion}}^2}$$

Where, unilateral concerns a signal portion interval between the same type of cycle points of different heart cycles, bilateral concerns a signal portion interval between different types of cycle points of different heart cycles. Further, signal\_por-

tion is a signal of interest portion selected for cardiac function analysis, such as atrial chamber, ventricular tissue. ROI\_bandwidth\_of\_the\_unilateral\_signal and ROI\_bandwidth\_of\_the\_bilateral\_signal concern the ROI interest signal portion for unilateral or bilateral signal analysis; the bandwidth is selected, e.g. from 10-100 Hz, 50-300 Hz, determined by the system in response to clinical application (such as time interval frequency range) and noise level and noise bandwidth,  $f(x)$  is the frequency spectral function (amplitude) of the ROI selected signals. Calculated frequency and energy parameters are used to detect and characterize pathology related changes in cardiac data and signals.

FIG. 6 shows healthy and pathological spectral frequency distributions of a portion of an ECG signal showing frequency peak variation used to detect pathology. System 10 derives frequency spectra distribution curves 603, 605 comprising normalized amplitude versus frequency (Hz) for a signal portion for normal and pathological signals, respectively. The frequency distribution of the two episodes show peak variation and latency differences used to detect and characterize signal variation indicating a pathological heart beat. In FIG. 6,  $\Delta\text{Peak\_n\_12}$  represents a frequency distance between a first peak and second peak in a normal heart ECG signal 603 while  $\Delta\text{Peak\_m\_12}$  represents a frequency distance between a first peak and second peak in a monitoring heart signal (acquired or previously stored signal compared with a corresponding same frequency peaks;  $\Delta\text{Peak\_cross}$  normal signal).

System 10 determines an interval between (n) represents a frequency interval (Hz) between an  $n^{\text{th}}$  peak of a normal signal and an  $n^{\text{th}}$  peak of a pathological or monitored signal; MAX\_frequency\_bandwidth is a frequency maximum range of an analyzed signal portion; a cutoff frequency of a MAX\_frequency\_bandwidth is adaptively adjusted in response to clinical application (or user command) and is not necessarily a true signal maximum frequency bandwidth.

Frequency interval parameters are determined for Unilateral and Bilateral frequency peak intervals:

$$\text{mutual\_frequency\_sync}_{\text{unilateral\_ij}} = \frac{\text{mean}(\Delta\text{peak\_m\_ij})}{\text{STD}(\Delta\text{peak\_m\_ij})} \Big| (t)$$

$$\text{mutual\_frequency\_sync}_{\text{bilateral\_ij\_pq}} = \frac{\text{mean}(\Delta\text{peak\_m\_ij})}{\text{mean}(\Delta\text{peak\_m\_pq})} \Big| (t)$$

Where  $\text{mutual\_frequency\_sync}_{\text{unilateral\_ij}}$  comprises variation in a frequency interval between a #i peak to #j peak while  $\text{mutual\_frequency\_sync}_{\text{bilateral\_ij\_pq}}$  represents a bilateral mutual frequency interval parameter comprising a ratio between two kinds of peak distance:  $\text{mean}(\Delta\text{peak\_m\_ij})$  vs.  $\text{mean}(\Delta\text{peak\_m\_pq})$ ;  $\text{mean}(\Delta\text{peak\_m\_ij})$  represents an average value of an interval between frequency peaks in a frequency distribution between #i peak to #j peak;  $\text{STD}(\Delta\text{peak\_m\_ij})$  represents a standard deviation parameter of an interval between frequency peaks in a frequency distribution between #i peak to #j peak; symbol  $|(t)$  represents a time stamp associated with a calculation used in real time signal portion monitoring. Typically there are 3-4 peaks in a portion of interest of a signal frequency distribution, so peaks 1-3 are typically used for cardiac pathology detection, such as  $\text{mutual\_frequency\_sync}_{\text{unilateral\_12}}$  and  $\text{mutual\_frequency\_sync}_{\text{bilateral\_12\_23}}$ . System 10 derives a frequency parameter using different frequency distributions of different kinds of signal frequency functions. A cross frequency parameter is used to evaluate signal variation due to the cardiac arrhythmias.

Cross\_mutual\_frequency\_sync =

$$\sum_{i \in \text{ROI\_frequency\_bandwidth}} \frac{\Delta\text{peak\_cross}(i)}{\text{MAX\_frequency\_bandwidth}} \Big| (t)$$

Or

$$\text{Cross\_mutual\_frequency\_sync}_{ij} = \frac{|\Delta\text{peak\_cross}(i) - \Delta\text{peak\_cross}(j)|}{\text{MAX\_frequency\_bandwidth}} \Big| (t)$$

Where  $\text{Cross\_mutual\_frequency\_sync}_{ij}$  is a cross peak deviation summation for frequency deviation of corresponding peaks in a frequency distribution; MAX\_frequency\_bandwidth is a signal portion frequency bandwidth. One type of cross mutual frequency calculation comprises a cross peak deviation where a bigger value indicates more severity of cardiac abnormality. Another type of cross mutual frequency calculation comprises frequency deviation between two different types of frequency peaks in frequency distributions representing a first normal (healthy) signal and a current monitoring signal. The system may be implemented in hardware in a vital sign signal monitoring and treatment device, such as an ICD (intra-cardiac device), ablator, vital sign monitor-calculator.

FIG. 7 shows a flowchart of a method used by system 10 (FIG. 1) for patient electrophysiological parameter calculation and cardiac arrhythmia detection and characterization using heart electrical activity signal time and frequency interval analysis. Acquisition processor 12 in step 706 acquires invasive and non-invasive signal data representing heart electrical activity over multiple heart cycles. An individual heart cycle comprises a signal portion between successive sequential R waves. In step 708 processor 12 buffers, filters (to remove power line noise, patient movement and respiration noise) and digitizes an ECG signal and ICEG signal, acquired in step 706. Detector 15 in step 708 filters the received signal data using a filter adaptively selected in response to data indicating clinical application, to remove patient movement and respiratory artifacts as well as power line noise. In step 712, time interval detector 15 detects patient signal parameters and segments an ECG signal into sections including, P wave, Q wave, R wave, S wave, T wave and U wave portions and determines peak timing and end-of-diastolic (EoD) and end-of-systolic (EoS) points. Detector 15 also detects ECG signal amplitude peaks and data processor 25 detects peaks in a frequency waveform derived from an ECG signal. Specifically, detector 15 uses a signal peak detector for detecting multiple successive time intervals including individual time intervals comprising a time interval between a first peak occurring in a first heart cycle and a second peak occurring in at least one of, (a) a successive sequential second heart cycle and (b) a third heart cycle successive and sequential to the second heart cycle. The first and second peaks comprise the same type of ECG signal peak (unilateral analysis) or a different type of ECG signal peak (bilateral analysis). Data processor 25 detects peaks in a frequency waveform derived from an ECG signal and determines and compares frequency component spectral peaks of corresponding frequency components of the signal data in different individual time intervals of the multiple detected successive time intervals.

In step 714, data processor 25 processes the multiple detected successive time intervals by, determining at least one interval parameter comprising, a mean, variance and standard deviation of the time intervals and parameters of the Table of FIG. 3 and other parameters previously described. In step 716, data processor 25 processes the multiple detected suc-



cessive time intervals by determining and comparing frequency component spectral peaks of corresponding frequency components of the acquired signal data in different individual time intervals of the multiple detected successive time intervals. Processor **25** determines the frequency, spectral and energy parameters previously described in connection with FIGS. **5** and **6**. Parameters determined are selected in response to a clinical application or procedure being performed, such as QT interval related parameters for ventricular chamber analysis, PR interval related parameters for atrial chamber analysis. In step **720**, processor **25** performs the statistical analysis as previously described, on the parameters determined in step **716**.

In step **726**, if processor **25** determines that no cardiac function or tissue abnormality is detected, the process is repeated from step **708**. If processor **25** determines that cardiac function or tissue abnormality is detected, processor **25** in step **735** performs adaptive cardiac arrhythmia treatment of a patient. In step **737** output processor **27** stores data representing the calculated parameters, treatment used and generated warning in repository **17**. Processor **25** in step **723** adaptively adjusts thresholds, baseline signal levels and window used for sample selection for processing.

FIG. **8** illustrates myocardial infarction detection by system **10** (FIG. **1**) in an ischemia event simulation data analysis in a left ventricle. A single channel surface ECG signal shows a myocardial infarction simulation involving normal **850** and myocardial infarction **853** stages. Different calculated parameters are compared, including standard **0.1 mV** elevation of an ST segment **802**, an RT time interval dispersity parameter:  $\text{MAX}(T_{RT})/\text{STD}(T_{RT})$  **804**, an RR time interval dispersity parameter:  $\text{MAX}(T_{RR})/\text{STD}(T_{RR})$  **806** and variation in a frequency interval between peak **1** to **2**

$$\text{mutual\_frequency\_sync}_{\text{unilateral},ij} = \frac{\text{mean}(\Delta\text{peak\_m\_ij})}{\text{STD}(\Delta\text{peak\_m\_ij})} \Big| (t). \quad 809$$

Data processor **25** (FIG. **1**) uses predetermined baseline  $-10\%$  (**814**, **818**, **820**) and  $-25\%$  thresholds (**812**, **816**, **822**) to identify and characterize ECG signal changes for normal and high probability warning of myocardial ischemia event detection. The thresholds are also used for ischemia event severity level analysis. A 10-heart-beat window size is used for averaging to obtain a mean and standard deviation value for a calculated parameter, such as the timing and frequency parameters previously described, for example. Normal signals are used as a reference and baseline in the calculation. Arrows **827**, **831**, **835** show the detection time point corresponding to the  $10\%$  threshold and Arrows **829**, **833**, **837** show the detection time point corresponding to the  $25\%$  threshold (the threshold is adaptively dynamically changed by system **10**).

The calculated parameters are used for analysis of different parts of cardiac tissue and cardiac functions and different kinds of cardiac arrhythmia detection, diagnosis and characterization, such as for atrial fibrillation and ventricular tachycardia. A calculation method is selected and determined by a user or automatically by the system in response to data identifying clinical application and factors such as sensitivity ratio, reliability of calculation, window size used for averaging, calculation time step and warning threshold. If different leads and channel signals are used in a calculation and evaluation, the severity, location, timing, and level of needed treatment, of myocardial ischemia are captured and characterized.

As shown, ST segment elevation detects myocardial ischemia at  $T1=100$  seconds. The RT time interval dispersity parameter calculation detects myocardial ischemia with two levels: normal (**827**)  $T21=50$  seconds with high confidence (**829**)  $T22=75$  seconds. The RR time interval dispersity parameter calculation detects the ischemia event with two levels: normal (**831**)  $T21=79$  seconds with high confidence (**833**)  $T22=91$  seconds. The variation in frequency interval between peak **1** to **2** calculation (using RT portions signal for the spectral distribution since the example is for ventricular ischemia detection) detects the ischemia event at (**835**)  $T41=52$  seconds and (**837**)  $T42=77$  seconds. The RT time interval and RT frequency interval calculations provide improved (earlier and more reliable) ischemia event detection since myocardial ischemia mostly affects repolarization of ventricular portion signals, which is the RT portion. Selectable thresholds **811** are also shown. The parameter calculations are used for identifying cardiac disorders, differentiating cardiac arrhythmias, characterizing pathological severity, predicting life-threatening events, and initiating heart medical treatment, such as drug delivery and long term cardiac care (and may be used in a bedside cardiac monitoring system or portable patient cardiac function monitoring and analysis system, such as Holter Monitoring and ICD (Intra-cardiac devices).

FIG. **9** shows a flowchart of a process used by system **10** (FIG. **1**) for analyzing cardiac electrophysiological signals. In step **912** following the start at step **911**, acquisition processor **12** acquires signal data representing heart electrical activity over multiple heart cycles. An individual heart cycle comprises a signal portion between successive sequential R waves, for example. In step **917**, time interval detector **15** uses a signal peak detector for detecting multiple successive time intervals including individual time intervals comprising a time interval between a first peak occurring in a first heart cycle and a second peak occurring in at least one of, (a) a successive sequential second heart cycle and (b) a third heart cycle successive and sequential to the second heart cycle. In bilateral embodiments, the first peak comprises a P wave and the second peak comprises at least one of, a Q wave, S wave, T wave and U wave. In a further embodiment, the first peak comprises an S wave and the second peak comprises a T wave. In different unilateral embodiments, the first and second peaks both comprise a P wave, the first and second peaks both comprise a Q wave, the first and second peaks both comprise an R wave, the first and second peaks both comprise an S wave, or the first and second peaks both comprise a T wave, for example.

Data processor **25** in step **923** processes the multiple detected successive time intervals by, determining at least one interval parameter of, a mean, variance and standard deviation of the time intervals and by generating an alert message in response to the interval parameter. Data processor **25** uses predetermined mapping information, associating ranges of the interval parameter or a value derived from the interval parameter with corresponding medical conditions, and compares the interval parameter or the value derived from the interval parameter, with the ranges and generates an alert message indicating a potential medical condition. The predetermined mapping information associates ranges of the interval parameter or a value derived from the interval parameter with particular patient demographic characteristics and with corresponding medical conditions and the data processor uses patient demographic data including at least one of, age, weight, gender and height in comparing the interval parameter or a value derived from the interval parameter with the ranges and generating an alert message indicating a potential

11

medical condition. Data processor **25** uses predetermined mapping information, associating thresholds of the interval parameter or a value derived from the interval parameter with corresponding medical conditions, and compares the interval parameter or the value derived from the interval parameter, with the thresholds and generates an alert message indicating a potential medical condition.

In step **926**, processor **25** determines and compares frequency component spectral peaks of corresponding frequency components of the signal data in different individual time intervals of the multiple detected successive time intervals and in response to the comparison showing at least one of, (a) change in amplitude and (b) change in peak frequency, exceeding a predetermined threshold, generates an alert message. Data processor **25** determines and compares peak frequency component energy representative values of corresponding frequency components of the signal data in different individual time intervals of the multiple detected successive time intervals and in response to the comparison showing change in peak frequency component energy representative value exceeding a predetermined threshold, generates an alert message. The energy representative value of a frequency component peak is derived in response to an integral of the square of frequency component amplitude values of the frequency component peak.

Processor **25** in one embodiment, determines and compares frequency component spectral peak amplitude of corresponding frequency components of the signal data in different individual time intervals of the multiple detected successive time intervals by comparing at least one of mean, variance and standard deviation of peak frequency component amplitude of the signal data in the different individual time intervals. Processor **25** determines and compares frequency component spectral peaks of corresponding frequency components of the signal data in different individual time intervals of the multiple detected successive time intervals by comparing at least one of mean, variance and standard deviation of peak frequency of the signal data in the different individual time intervals. Processor **25** uses predetermined mapping information, associating ranges of frequency component spectral peak amplitude or a value derived from the frequency component spectral peak amplitude with corresponding medical conditions, and compares the frequency component spectral peak amplitude or a value derived from the frequency component spectral peak amplitude, with the ranges and generates an alert message indicating a potential medical condition. Further, processor **25** uses predetermined mapping information, associating ranges of frequency component spectral peak frequency or a value derived from the frequency component spectral peak frequency with corresponding medical conditions, and compares the frequency component spectral peak amplitude or a value derived from the frequency component spectral peak frequency, with the ranges and generates an alert message indicating a potential medical condition. The process of FIG. **9** terminates at step **931**.

FIG. **10** shows a flowchart of a process used for frequency analysis of cardiac electrophysiological signals. In step **952** following the start at step **951**, acquisition processor **12** acquires signal data representing heart electrical activity over multiple heart cycles. An individual heart cycle comprises a signal portion between successive sequential R waves, for example. In step **955**, data processor **25** processes the signal data by, determining and comparing frequency component spectral peaks of corresponding frequency components of the signal data in different individual time intervals of the signal data. In step **957**, in response to the comparison showing

12

change in frequency interval between the spectral peaks, processor **25** generates an alert message. The process of FIG. **10** terminates at step **981**.

A processor as used herein is a device for executing machine-readable instructions stored on a computer readable medium, for performing tasks and may comprise any one or combination of, hardware and firmware. A processor may also comprise memory storing machine-readable instructions executable for performing tasks. A processor acts upon information by manipulating, analyzing, modifying, converting or transmitting information for use by an executable procedure or an information device, and/or by routing the information to an output device. A processor may use or comprise the capabilities of a computer, controller or microprocessor, for example, and is conditioned using executable instructions to perform special purpose functions not performed by a general purpose computer. A processor may be coupled (electrically and/or as comprising executable components) with any other processor enabling interaction and/or communication therebetween. Computer program instructions may be loaded onto a computer, including without limitation a general purpose computer or special purpose computer, or other programmable processing apparatus to produce a machine, such that the computer program instructions which execute on the computer or other programmable processing apparatus create means for implementing the functions specified in the block(s) of the flowchart(s). A user interface processor or generator is a known element comprising electronic circuitry or software or a combination of both for generating display elements or portions thereof. A user interface comprises one or more display elements enabling user interaction with a processor or other device.

An executable application, as used herein, comprises code or machine readable instructions for conditioning the processor to implement predetermined functions, such as those of an operating system, a context data acquisition system or other information processing system, for example, in response to user command or input. An executable procedure is a segment of code or machine readable instruction, sub-routine, or other distinct section of code or portion of an executable application for performing one or more particular processes. These processes may include receiving input data and/or parameters, performing operations on received input data and/or performing functions in response to received input parameters, and providing resulting output data and/or parameters. A graphical user interface (GUI), as used herein, comprises one or more display elements, generated by a display processor and enabling user interaction with a processor or other device and associated data acquisition and processing functions.

The UI also includes an executable procedure or executable application. The executable procedure or executable application conditions the display processor to generate signals representing the UI display images. These signals are supplied to a display device which displays the elements for viewing by the user. The executable procedure or executable application further receives signals from user input devices, such as a keyboard, mouse, light pen, touch screen or any other means allowing a user to provide data to a processor. The processor, under control of an executable procedure or executable application, manipulates the UI display elements in response to signals received from the input devices. In this way, the user interacts with the display elements using the input devices, enabling user interaction with the processor or other device. The functions and process steps herein may be performed automatically or wholly or partially in response to user command. An activity (including a step) performed auto-

13

matically is performed in response to executable instruction or device operation without user direct initiation of the activity.

The system and processes of FIGS. 1-10 are not exclusive. Other systems, processes and menus may be derived in accordance with the principles of the invention to accomplish the same objectives. Although this invention has been described with reference to particular embodiments, it is to be understood that the embodiments and variations shown and described herein are for illustration purposes only. Modifications to the current design may be implemented by those skilled in the art, without departing from the scope of the invention. The system analyzes and characterizes cardiac electrophysiological signals (including surface ECG signals and intra-cardiac electrograms) to identify pathology related signal distortion based on signal portion interval timing and frequency related parameter calculation and associated statistical analysis. Further, the processes and applications may, in alternative embodiments, be located on one or more (e.g., distributed) processing devices on a network linking the units FIG. 1. Any of the functions and steps provided in FIGS. 1-10 may be implemented in hardware, software or a combination of both. No claim element herein is to be construed under the provisions of 35 U.S.C. 112, sixth paragraph, unless the element is expressly recited using the phrase "means for."

What is claimed is:

1. A system for analyzing cardiac electrophysiological signals, the system comprising:

an acquisition processor for acquiring signal data representing heart electrical activity over a plurality of heart cycles, an individual heart cycle comprising a signal portion between successive sequential R waves;

a time interval detector using a signal peak detector for detecting a plurality of successive time intervals including individual time intervals comprising a time interval from a first peak of a first wave type occurring in a first heart cycle to a second peak of a second different wave type occurring in at least one of,

(a) a successive sequential second heart cycle and  
(b) a third heart cycle successive and sequential to said second heart cycle; and

a data processor for processing the plurality of detected successive time intervals by, determining at least one interval parameter of, a mean, variance and standard deviation of said time intervals and generating an alert message in response to said interval parameter.

2. The system of claim 1, wherein said first peak comprises a P wave.

3. The system of claim 2, wherein said second peak comprises at least one of a, Q wave, S wave, T wave and U wave.

4. The system of claim 1, wherein the first peak comprises an S wave and the second peak comprises a T wave.

5. The system of claim 1, wherein said data processor uses predetermined mapping information, associating ranges of said interval parameter or a value derived from said interval parameter with corresponding medical conditions, and compares said interval parameter or said value derived from said interval parameter, with said ranges and generates an alert message indicating a potential medical condition.

6. A system according to claim 5, wherein said predetermined mapping information associates ranges of said interval parameter or a value derived from said interval parameter with particular patient demographic characteristics and with corresponding medical conditions and said data processor uses patient demographic data including at least one of, age, weight, gender and height in comparing said interval param-

14

eter or a value derived from said interval parameter with said ranges and generating an alert message indicating a potential medical condition.

7. The system of claim 1, wherein said data processor uses predetermined mapping information, associating thresholds of said interval parameter or a value derived from said interval parameter with corresponding medical conditions, and compares said interval parameter or said value derived from said interval parameter, with said thresholds and generates an alert message indicating a potential medical condition.

8. A system for analyzing cardiac electrophysiological signals, the system comprising:

an acquisition processor for acquiring normal and monitoring signal data representing heart electrical activity over a plurality of heart cycles, an individual heart cycle comprising a signal portion between successive sequential R waves; and

a data processor for processing said signal data by,

determining first frequency spectral distribution for the normal signal data and second frequency spectral distribution for the monitoring signal data,

determining a frequency interval between corresponding frequency component spectral peaks of the first and second frequency spectral distributions of said normal and monitoring signal data in different individual time intervals of said normal and monitoring signal data, and

in response to a change in the frequency interval between said spectral peaks, generating an alert message.

9. A system for analyzing cardiac electrophysiological signals, the system comprising:

an acquisition processor for acquiring normal and monitoring signal data representing heart electrical activity over a plurality of heart cycles, an individual heart cycle comprising a signal portion between successive sequential R waves;

a time interval detector using a signal peak detector for detecting a plurality of successive time intervals including individual time intervals comprising a time interval from a first peak occurring in a first heart cycle to a second peak occurring in at least one of,

(a) a successive sequential second heart cycle and  
(b) a third heart cycle successive and sequential to said second heart cycle; and

a data processor for processing the plurality of detected successive time intervals by,

determining first frequency spectral distribution for the normal signal data and second frequency spectral distribution for the monitoring signal data,

comparing frequency component spectral peaks of the first and second frequency spectral distributions of said normal and monitoring signal data in different individual time intervals of said plurality of detected successive time intervals, and

in response to the comparison showing at least one of,

(a) change in amplitude and  
(b) change in frequency interval between said spectral peaks, exceeding a predetermined threshold, generating an alert message.

10. The system of claim 9, wherein said data processor determines and compares peak frequency component energy representative values of corresponding frequency components of said normal and monitoring signal data in different individual time intervals of said plurality of detected successive time intervals and in response to the comparison showing

15

change in peak frequency component energy representative value exceeding a predetermined threshold, generates an alert message.

11. The system of claim 10, wherein said energy representative value of a frequency component peak is derived in response to an integral of the square of frequency component amplitude values of said frequency component peak.

12. The system of claim 9, wherein said data processor determines and compares frequency component spectral peak amplitude of corresponding frequency components of said normal and monitoring signal data in different individual time intervals of said plurality of detected successive time intervals by comparing at least one of mean, variance and standard deviation of peak frequency component amplitude of said normal and monitoring signal data in said different individual time intervals.

13. The system of claim 9, wherein said data processor determines and compares frequency component spectral peaks of corresponding frequency components of said normal and monitoring signal data in different individual time intervals of said plurality of detected successive time intervals by comparing at least one of mean, variance and standard deviation of peak frequency of said normal and monitoring signal data in said different individual time intervals.

14. The system of claim 9, wherein said data processor uses predetermined mapping information, associating ranges of frequency component spectral peak amplitude or a value derived from said frequency component spectral peak amplitude with corresponding medical conditions, and compares said frequency component spectral peak amplitude or a value derived from said frequency component spectral peak amplitude, with said ranges and generates an alert message indicating a potential medical condition.

15. The system of claim 9, wherein said data processor uses predetermined mapping information, associating ranges of

16

frequency component spectral peak frequency or a value derived from said frequency component spectral peak frequency with corresponding medical conditions, and compares said frequency component spectral peak amplitude or a value derived from said frequency component spectral peak frequency, with said ranges and generates an alert message indicating a potential medical condition.

16. A method for analyzing cardiac electrophysiological signals, comprising the activities of:

acquiring signal data representing heart electrical activity over a plurality of heart cycles, an individual heart cycle comprising a signal portion between successive sequential R waves;

using a signal peak detector for detecting a plurality of successive time intervals including individual time intervals comprising a time interval from a first peak of a first wave type occurring in a first heart cycle to a second peak of a second different wave type occurring in at least one of,

(a) a successive sequential second heart cycle and

(b) a third heart cycle successive and sequential to said second heart cycle; and

processing the plurality of detected successive time intervals by, determining at least one interval parameter of, a mean, variance and standard deviation of said time intervals and generating an alert message in response to said interval parameter.

17. The method of claim 16, wherein said first peak comprises a P wave.

18. The method of claim 17, wherein said second peak comprises at least one of a, Q wave, S wave, T wave and U wave.

\* \* \* \* \*